



School District of New Richmond

Morrie Veilleux

701 East 11th Street

New Richmond, Wisconsin 54017

Phone: 715-243-7413 Fax: 715-246-3638

morriev@newrichmond.k12.wi.us

November 4, 2008

Dear Parents or Guardians,

At the New Richmond School District, we care deeply about our students. As part of our effort to proactively fight alcohol/drug abuse and prevent school violence, we are conducting a district-wide survey. This survey seeks to understand your child's/youth's experience with problems such as bullying, harassment and alcohol/drug use, as well as identifying strategies to assist in building healthy and resilient learners in schools and in the community. In addition to your input, staff and students (grades 4-12) will also be participating in a similar survey. If you would like to view a copy of the student survey, you may stop by any of our schools during regular office hours.

To assist us with our data gathering efforts, we are working with *School Perceptions LLC*, an independent research firm with expertise conducting school surveys. All survey data is returned to *School Perceptions* and your identity will remain completely confidential.

This survey will ask your input based on your experiences with your oldest child/youth enrolled at Hillside Elementary.

To participate before November 24th, 2008, simply:

1. Go to the survey website: www.survey2000.com
2. Enter your Survey I.D. Number: WIG6-HQ22-2QRK-HLL5
3. Take the survey by November 24th, 2008!

The survey access number will not identify you; it simply links you to the School District's Survey. If you do not have internet access, you are welcome to visit the administration office at 701 E. 11th street where one of our secretaries will be able to assist you or contact Sue Curtis at 243-8423 for a paper version of the survey.

Your input is very important to accomplishing this goal. Please feel free to contact Sue Curtis or myself if you have any questions regarding this survey. Thank you in advance for your time and participation.

Sincerely,

Morrie Veilleux
Superintendent

**Bullying and School Safety Survey
Parent Version**

DRAFT

Demographics

What is the gender of your oldest child at this school?

Male
Female

Number of years your eldest child has been in this school district:

Less than one 1-2 3-5 6-10 Not sure No response

2. Grade level your child(ren) attend (circle all that apply)

Pre K K 1 2 3 4 5 6 7 8 9 10 11 12 No response

3. Do you have Internet access at home or at work?

Yes No No response

Thank you for taking this important survey.

Your participation will go a long way in ensuring that our schools provide healthy and safe learning environments for your children.

As you take the survey, it is important for you to know that individual responses are completely anonymous and your name will not be linked with any answers.

Thanks again!

Safety

Please circle the answer that most applies to YOUR OLDEST CHILD'S experiences at this school.

My child's school is generally clean	Always	Usually	Sometimes	Rarely	Never	Don't Know Does not apply
My child has friends at this school	Always	Usually	Sometimes	Rarely	Never	Don't Know Does not apply
My child generally feels safe at school	Always	Usually	Sometimes	Rarely	Never	Don't Know Does not apply
My child feels safe on school grounds before school	Always	Usually	Sometimes	Rarely	Never	Don't Know Does not apply
My child feels safe on school grounds after school	Always	Usually	Sometimes	Rarely	Never	Don't Know Does not apply
My child feels safe in the school lunchroom, hallways, and bathrooms.	Always	Usually	Sometimes	Rarely	Never	Don't Know Does not apply
My child feels safe in the classrooms	Always	Usually	Sometimes	Rarely	Never	Don't Know Does not apply
My child feels safe at the school playground and/or athletic facilities	Always	Usually	Sometimes	Rarely	Never	Don't Know Does not apply
My child feels safe going to and from school	Always	Usually	Sometimes	Rarely	Never	Don't Know Does not apply
Some students are getting away with too much	Always	Usually	Sometimes	Rarely	Never	Don't Know Does not apply
Teachers enforce the school rules	Always	Usually	Sometimes	Rarely	Never	Don't Know Does not apply
Teachers listen to my child when there is a problem	Always	Usually	Sometimes	Rarely	Never	Don't Know Does not apply
This school provides guidance and counseling services my child needs	Always	Usually	Sometimes	Rarely	Never	Don't Know Does not apply
Overall I think this is a safe school	Always	Usually	Sometimes	Rarely	Never	Don't Know Does not apply
Are there other situations in which your child does NOT feel safe?						

Problems During this school year, how many times have YOUR OLDEST CHILD experienced and/or witnessed the following problems in your school?						
Verbal threats or verbal slurs because of their weight, size, gender or physical appearance	Never	One Time This Year	One Time Per Month	One Time Per Week	Daily	Don't Know Does not apply
Harassed, picked on, or bullied on the way to school.	Never	One Time This Year	One Time Per Month	One Time Per Week	Daily	Don't Know Does not apply
Verbal threats in school	Never	One Time This Year	One Time Per Month	One Time Per Week	Daily	Don't Know Does not apply
Physical violence in school	Never	One Time This Year	One Time Per Month	One Time Per Week	Daily	Don't Know Does not apply
Students with weapons in school	Never	One Time This Year	One Time Per Month	One Time Per Week	Daily	Don't Know Does not apply
Students with drugs or alcohol in school	Never	One Time This Year	One Time Per Month	One Time Per Week	Daily	Don't Know Does not apply
Drugs sold in school	Never	One Time This Year	One Time Per Month	One Time Per Week	Daily	Don't Know Does not apply
Teasing or bullying in school	Never	One Time This Year	One Time Per Month	One Time Per Week	Daily	Don't Know Does not apply
Gang activity in school	Never	One Time This Year	One Time Per Month	One Time Per Week	Daily	Don't Know Does not apply
Stealing in school	Never	One Time This Year	One Time Per Month	One Time Per Week	Daily	Don't Know Does not apply
Vandalism of school property	Never	One Time This Year	One Time Per Month	One Time Per Week	Daily	Don't Know Does not apply
Discrimination or bigotry at school	Never	One Time This Year	One Time Per Month	One Time Per Week	Daily	Don't Know Does not apply
Violence in the community around the school	Never	One Time This Year	One Time Per Month	One Time Per Week	Daily	Don't Know Does not apply
Cheating on homework or tests	Never	One Time This Year	One Time Per Month	One Time Per Week	Daily	Don't Know Does not apply
Harassed, picked on, or bullied while using electronic communication (email, chat rooms, Face Book or Myspace etc.)	Never	One Time This Year	One Time Per Month	One Time Per Week	Daily	Don't Know Does not apply
Are there other situations in which your child does NOT feel safe?						

Strategies How effective do you feel these strategies are for making your school safe?						
Suspending students who commit acts of violence	Very Effective	Somewhat Effective	Neutral	Somewhat Ineffective	Totally Ineffective	Don't Know
Expelling students who commit acts of violence	Very Effective	Somewhat Effective	Neutral	Somewhat Ineffective	Totally Ineffective	Don't Know
Putting more security devices in school	Very Effective	Somewhat Effective	Neutral	Somewhat Ineffective	Totally Ineffective	Don't Know
Having more school resource officers and/or police in school	Very Effective	Somewhat Effective	Neutral	Somewhat Ineffective	Totally Ineffective	Don't Know
Bringing drug and/or weapon sniffing dogs to school	Very Effective	Somewhat Effective	Neutral	Somewhat Ineffective	Totally Ineffective	Don't Know
Training students in anger management and conflict resolution	Very Effective	Somewhat Effective	Neutral	Somewhat Ineffective	Totally Ineffective	Don't Know
Training teachers in conflict resolution	Very Effective	Somewhat Effective	Neutral	Somewhat Ineffective	Totally Ineffective	Don't Know
Training students to accept differences in others	Very Effective	Somewhat Effective	Neutral	Somewhat Ineffective	Totally Ineffective	Don't Know
Keeping drugs out of school	Very Effective	Somewhat Effective	Neutral	Somewhat Ineffective	Totally Ineffective	Don't Know
Having counselors to help students	Very Effective	Somewhat Effective	Neutral	Somewhat Ineffective	Totally Ineffective	Don't Know
Keeping weapons out of school	Very Effective	Somewhat Effective	Neutral	Somewhat Ineffective	Totally Ineffective	Don't Know
Involving parents more with the school	Very Effective	Somewhat Effective	Neutral	Somewhat Ineffective	Totally Ineffective	Don't Know
Leadership training for students	Very Effective	Somewhat Effective	Neutral	Somewhat Ineffective	Totally Ineffective	Don't Know
Are there other strategies you feel the district could use to make our schools safer?						

Practices I Parent Practices to Address Bullying and Safety Issues				
Practice	Response			Should the district provide training or assistance in this area?
I encourage my child(ren) to make adults aware of any situation in which they are feeling bullied or harassed.	Yes	No	Not Sure	(check for yes)
I make it clear to my child(ren) that bullying is never acceptable.	Yes	No	Not Sure	(check for yes)
I spend time in my child(ren)'s school.	Yes	No	Not Sure	(check for yes)
I talk to my child's teacher at least once each month.	Yes	No	Not Sure	(check for yes)
The school have contact information where they can easily reach me including work and cell phone number, and an email address if I have one.	Yes	No	Not Sure	(check for yes)
I enforce consistent and immediate consequences when my child(ren) exhibit aggressive behaviors.	Yes	No	Not Sure	(check for yes)
I follow up on all instances of aggression with my child, their teacher, and their guidance counselor.	Yes	No	Not Sure	(check for yes)
I teach my child(ren) methods of controlling and dealing with their anger.	Yes	No	Not Sure	(check for yes)
I do not ridicule my children and work to avoid embarrassing them.	Yes	No	Not Sure	(check for yes)
I teach my child(ren) that being a non-involved bystander who let's bullying happen is unacceptable.	Yes	No	Not Sure	(check for yes)
I have consistent consequences with my child(ren) for clearly defined bullying behaviors.	Yes	No	Not Sure	(check for yes)
I talk to my child(ren) about including other children in their activities who are left out.	Yes	No	Not Sure	(check for yes)
I work to improve my child(ren)'s social skills.	Yes	No	Not Sure	(check for yes)
I treat verbal aggression as seriously as I treat physical aggression.	Yes	No	Not Sure	(check for yes)
Is there anything else the district can do to address bullying and safety issues?				

Practices II					
Please circle the answer that most applies to your experience (with your oldest child when applicable)					
I know the signs of alcohol, tobacco and drug use in children.	Use same rubric as Practices I				
I teach my child to avoid excess by practicing moderate substance use myself, whether the substance is alcohol, tobacco, food, caffeine, etc.					
We have a clearly defined curfew that is enforced.					
I know my child's three best friends.					
I know my child's three best friends' parents.					
I talk to my child about his/her feelings, as well as his/her actions.					
My child has adult supervision from after school until they go to bed.					
We have a clear family policy on no drug use and discuss these rules regularly.					
I am aware of my child's grades and have discussed them with my child.					
I talk to my child about ways of saying "no" to their peers who offer them alcohol or other drugs.					
I have talked to my child about the incidences of alcoholism family, friends or people I know.					
I hold drug-free, alcohol-free parties or activities in my home for my child and his/her peers.					
I know my child's teachers and talk to them at least once per month.					
I know what my child does before and after school.					
When my child is going to someone else's house, I always call to see that they have arrived safely and to confirm parental supervision. My children know I am going to do					

this every time.					
I help my child(ren) with their ability to say "no" in various situations. We role play these situations frequently.					
I limit the television, movies, video games, websites and other media my child(ren) can see based on the alcohol, tobacco, and drug use content of the material.					
I have software on our home computer that limits and monitors my child's online activities.					
The computer that my child(ren) use at home is in a common area (not child's bedroom)					
We have a clear family policy on home computer use and discuss these rules regularly.					
I keep family prescription medicine and alcohol in our home in a secure location.					
Is there anything else the district can do to address alcohol, tobacco and drugs issues?					